URAP Self-Report

Today's Date: Name: This report is strictly confidential and is designed to be a helpful tool for the Diversion Committee and for you in assessing your recovery progress. It also serves as a checklist for relapse potential and thus timely, preventive intervention. Mostly, it serves to insure consistent evaluation at each meeting, however, it is absolutely voluntary, please do not fill it out if you feel uncomfortable in doing so.				
4. I have attended5. I have attended	support groups. group therapy sessions. individual counseling sessions. family therapy sessions. couples counseling sessions. ollowing books:			
8. I have had a stable work	ou can call day or night for advice and situation since my last report.		Y Y	N N
9. I have participated in the	following exercise program:			
11. I have taken care to see	I eat nourishing, regular meals. I get adequate sleep and rest. e following recreational activities:	Y Y	N N	
13. I have nourished my spi	ritual nature by:			
14. I have noticed changes	in my attitudes towards the following	g: (e.g., anger, ε	guilt, cri	ticism, etc.)
15. My relationship with my 16. My relationship with my	y significant other is improving. y children is improving.	n/a n/a	Y Y	N N
18. Have you picked up any	0 the best), all things considered, how new non-drug addictions? erned they may negatively impact you	•	oday? Y Y	N N

- 19. The following questions relate to aspects of your life that you may or may not wish to discuss with the Committee. Answer these questions for yourself because they can help you gain insight into your recovery. Bring them up with the Committee if you would like to discuss them in that setting:
 - A. Are you taking any OTC medications that may have possible mood altering properties?
 - B. Are there any "secrets" that you are keeping from significant people in your life?
 - C. Any major financial problems?
 - D. Any new legal entanglements?
 - E. Any new training or educational programs for yourself?

COMMENTS:

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